339 The role of acceptance in adolescents with cystic fibrosis

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Objective: Studies investigating psychological functioning in adolescents with cystic fibrosis reveal variable results. Identifying factors that may account for this variability is therefore a challenge for future research. This study focuses on the role of demographic factors, disease parameters and acceptance in explaining psychological functioning in adolescents with cystic fibrosis. It was hypothesized that adolescents who reported greater acceptance of their illness would show less anxious and depressive feelings and less disability.
Method: Thirty-six adolescents completed a battery of questionnaires including the Illness Cognition Questionnaire, Hospital Anxiety and Depression Inventory and Functional Disability Inventory.
Results: Regression analyses showed that acceptance had a significant and unique contribution in explaining adolescents' anxiety, depression and disability, beyond the contribution of demographic variables and disease severity. Furthermore, disease severity only had a unique contribution in explaining disability.
Conclusions: The results of this study provide preliminary evidence for the important role of acceptance in psychological functioning in adolescents with cystic fibrosis. This is in line with studies in other chronic conditions such as chronic pain and chronic fatigue syndrome. Although further research is needed to provide further support for the protective role of acceptance in psychological functioning in people with cystic fibrosis, our findings suggest that acceptance-based therapies might also prove useful in promoting well-being in adolescents with cystic fibrosis.

340 Psychopathological overview of adolescents with cystic fibrosis (CF)

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Adolescence is a critical period in CF patients on many points. However, there are only few studies on this problem. Most of them refer to quality of life but not psychological or psychopathological aspects. We therefore undertook an observational study on the patients above 13 years in our CF Center. The aim was to study psychological functioning and to list psychopathological dysfunctions.
Patients completed the CFQ for the adolescent (Cystic fibrosis Questionnaire). We added to this self-questionnaire a semi-directive interview scale that we built. This scale includes medical, social, psychological and psychopathological fields. We used the CIM-10 to classify the psychopathological categories.
We included 48 patients, mean age 17 years (13–22). There was an increased prevalence of depression (25.5%), anxiety (34%) and family dysfunction (60%) such as parental overprotection, parent-kid relation troubles. 53% had a bad compliance. Six patients (13%) had eating disorders. We realized that pain was obviously omitted from the interviews.
This study demonstrates that CF adolescents have a specific psychopathological symptomatology that may interfere with the course of their disease. Careful psychological support should be implemented during this period for the adolescent and his family.

341* 'About Me' adolescents introduce themselves to the adult CF team at transition

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Introduction: Adolescents are concerned about transition as they are leaving a team that know them well to join a new team. Communication between paediatric and adult teams during the process is key, involving adolescents enhances confidence.
Aim: To provide an chance for adolescents to introduce themselves to the adult team.
Methods: Data were collected over a 4 year period using a form to provide clinical and social data on each patient. This is given to the adult team before transition. The adolescent, family, and paediatric team complete the form. The form has an empty box with the heading 'About Me'; adolescents are encouraged to complete this.
Results: N = 63 (28 boys). Mean age: 16.4 years. 7 themes were identified in the 'About Me' section. Future: careers, travel, marriage and children. Description of self: a description of their personalities. Home: a description of home lives, parents, siblings and pets. Interests: hobbies. Education: school, work, exams and further education. Treatment: a self-assessment of the burden of treatment and how adherent they thought they were. Health status: Self-perception of how well they thought they were. Number of adolescents reporting each theme: Boys Future: 46%, Self: 43%, Home: 18%, Interests: 89%, Education: 54%, Treatment: 36%, Health: 36%. Girls Future: 57%, Self: 49%, Home: 43%, Interests: 83%, Education: 66%, Treatment: 46%, Health: 54%.
Conclusion: Adolescents take advantage of the opportunity to introduce themselves to the adult team and share information about areas of their lives. They also appear to be remarkably honest. The adult team report finding 'About Me' one of the most useful aspects of the transition form to prepare them for the transition clinic and to refer to during the first few clinic visits in the adult clinic.

342 CF and sexuality, fertility and reproduction: Is the nursing staff adequately educated to deal with issues of sexuality, fertility and reproduction related to CF patients

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Introduction: The average age of the CF patient in our CF centre is increasing. Subjects of sexuality, fertility and reproduction are becoming more important. There are a few studies which show the need in CF patients to discuss these matters. (Sawyer et al 2005). It is important to know in what way nurses are equipped to deal with issues of sexuality, fertility and reproduction. The results of this study will be used to develop a program of education.
Aim: Check whether the nursing staff has enough knowledge and skills concerning sexuality and fertility topics related to CF.
Method: A questionnaire is developed after a literature study by a senior nurse and clinical nurse specialist and offered to the nursing staff of the specialized CF department. The most important topic is: do we have skills concerning issues of sexuality, fertility and reproduction related to CF.
Results: 21 nurses responded (2 male and 19 female), response 70%. 90% of the respondents never had a conversation about seksuality and CF because they didn't know how to start and they felt embarrassed. 10% did have a conversation about sexuality, fertility and reproduction in relation to CF. These conversations were initiated by the CF patient. 99% want to give these issues more attention, but experience a lack of skills and knowledge.
Conclusion: Few nurses discuss issues of sexuality, fertility and reproduction. Most of the nurses do want to deal with these topics but don't know how to initiate such a conversation. Therefore we need to develop an education program.